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AF

FACSIMILE COVER SHEET

TO: Examiner S.R. Pannala
USPTO - Art Unit 2177

FROM: Lock See Yu-Jahnes *(Reg. No. 38,667)*

RE: U.S. Patent Appln. No. 09/458,689
Attorney Docket: 03560.002512

FAX NO.: 703-746-7238

DATE: June 5, 2003 **NO. OF PAGES:** 22
(Including cover page)

TIME: **SENT BY:**

MESSAGE

Attached is a COPY of the Amendment After Final Action submitted on April 17, 2003, along with a copy of the stamped postcard. showing its receipt in the USPTO.

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In re Application of:

Docket No. 03560.002512

RYO FUJIMOTO ET AL.

Application No.: 09/458,689

Examiner: S.R. Pannala

Filed: December 10, 1999

Art Unit: 2177

For: IMAGE MANAGING APPARATUS AND METHOD,
IMAGE RETRIEVING APPARATUS AND
METHOD, AND STORAGE MEDIUM

Date: April 16, 2003

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 51	MINUS	** 57	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$42 \$84	\$0
Fee for Multiple Dependent claims \$140°/\$280						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

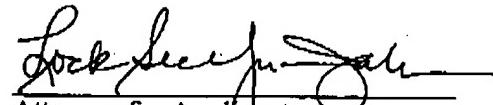
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- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$110.00 to cover the fee for a one-month extension is enclosed.
- A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
LOCK SEEPLU-JAHN
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